

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

91 1. PLACE OF DEATH
 County
 Township
 City St. Louis (No. 3010, Washington 2) St. Ward
 Registration District No. 791
 Primary Registration District No. 1003
 File No. 3547
 Registered No. 580

2. FULL NAME Kate O'Hare
 (a) Residence, No. 3010 Washington St. 21 Ward
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 0 19
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Widow
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

FATHER 13. NAME Thomas Donoh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Mary (Unknown)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs. V. Bayer
 (ADDRESS) 3010 Washington

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive DATE 1-15 1937

19. UNDERTAKER Southern Med. Co.
 (ADDRESS) 6322 S. Grand

20. FILED JAN 14 1937 J. Predeck
 Registrar

No Medical Certificate of Death
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-13 1937

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
 I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 7:45 a.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy
 Arteriosclerosis
 Other contributory causes of importance:
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury..... 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify Yes
 (Signed) Gay M. Irons M.D.
 (Address) Regdy Corner

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

